

Remarks

Applicants have carefully reviewed the Final Office Action of May 8, 2007 and the Advisory Action of August 14, 2007, prior to preparing this paper. Claims 33-52 are pending and claims 47-52 have been withdrawn. Claims 32-46 have been rejected. Claims 34, 35, and 41 have been amended with this paper to further clarify the invention. No new matter has been added. Favorable consideration is respectfully requested.

Claims 33-46 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Gray (WO 99/22673) in view of Littleford et al. (U.S. Patent No. 5,054,500), hereinafter Littleford. Applicants respectfully traverse this rejection.

Claim 34 recites:

34. A medical device for use in a body lumen, the device comprising:
a first catheter shaft having a proximal end region, a distal end region, and a lumen therethrough;
a second catheter shaft slidably disposed within the first catheter shaft;
a guidewire slidably disposed in a lumen of the second catheter shaft;
a filter coupled to the guidewire;
a balloon coupled to the distal end region of the first catheter shaft;
a stent disposed adjacent the second catheter shaft, wherein the balloon and the first catheter shaft are configured to stop fluid from outside the first catheter shaft proximal to the balloon from flowing distally past the distal region of the shaft when the balloon is expanded; and wherein the stent is configured to be deployed from a position between the distal end of the first catheter shaft and the filter.

The Examiner acknowledges that Gray fails to disclose a first catheter shaft (claim 32) (sic) or outer catheter shaft (claim 41) with a balloon coupled thereto. Littleford, Figs. 2-8, was proposed to provide a guiding catheter with a balloon to obtain the advantage of centering the treatment catheter 30 within the vasculature. The Examiner's attention is directed to col. 4, lines 26-29 where Littleford teaches that the guidewire (50) is *withdrawn* prior to the insertion of laser or angioplasty balloon catheter (30). Without the withdrawn guidewire (50),

there could be no filter attached to the guidewire and no possibility of deploying a stent from a position between the distal end of the first catheter shaft and the filter. Littleford appears to be silent with respect to whether balloon (24) of Figs. 2-8 is capable of blocking the vasculature in which it is deployed. The only functional characteristics disclosed appear to be a centering function, an ability to press against a vessel wall on an outer radius of the vessel to a degree which allows the guidewire to traverse the vessel while avoiding puncturing the vessel, and an extended longitudinal contact area which appears to be necessary to minimize potential tissue damage and to provide the centering action as opposed to simply providing a pivot about a line contact. The balloon of Figure 9 is explicitly provided with fluid channels which are said to be desirable in order to prevent blockage of the vessel and thus to allow the flexible tube to remain in the blood vessel for longer periods of time. To the extent that Littleford discusses vessel blockage, it appears to be desirable to avoid blockage and means in the form of fluid channels are provided to do so. Were one to attempt to apply the teaching of Littleford to Gray, it would appear that Gray would not have an outer catheter “configured to stop fluid from outside the first outer catheter shaft and proximal of the balloon” without Littleford and if Littleford is applied to Gray as suggested by the Examiner, one would not have: “a guidewire slidably disposed in a lumen of the second catheter shaft; a filter coupled to the guidewire”. Both Gray and Littleford teach only *one* catheter having a through lumen. Alone or in combination, they do not appear to teach or disclose a first catheter having a lumen, a second catheter, also having a lumen, slidably passing through the first catheter, and a guidewire with a filter slidably passing through the lumen of the second catheter. In the absence of all elements of the pending claim, claim 34 does not appear to be anticipated by the combination of Gray and Littleford and Applicants respectfully request withdrawal of the rejections.

For similar reasons and others, claims 33 and 35-40, which depend from claim 34 and include significant additional limitations are believed to be patentable over Gray in view of Littleford.

Turning to claim 41, which recites:

41. A medical device for use in a body lumen, the device comprising:
an outer catheter shaft;
an inner catheter shaft slidably disposed in the outer catheter shaft;
an elongate guidewire slidably disposed in the inner catheter shaft;
a filter coupled to the guidewire;
a balloon coupled to the outer catheter shaft; and
a stent coupled to the inner catheter shaft,
wherein the balloon and the outer catheter shaft are configured to stop fluid from outside the outer catheter shaft proximal to the balloon from flowing distally past the balloon when the balloon is expanded.

As can be clearly seen, claim 41 recites “an outer catheter shaft”, “an inner catheter shaft slidably disposed in the outer catheter shaft”, and “wherein the balloon and the outer catheter shaft are configured to stop fluid from outside the outer catheter shaft proximal to the balloon blood from flowing distally past the balloon when the balloon is expanded”. As discussed above, Gray and Littlefield et al. appear to fail to teach both an outer catheter shaft and an inner catheter shaft with a guidewire and filter slidably passing therethrough. Therefore, for similar reasons discussed above, as well as others, claim 41 is believed to be patentable over Gray in view of Littlefield et al. and Applicant respectfully requests withdrawal of the rejection.

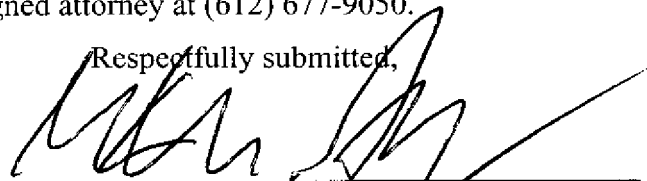
For similar reasons and others, claims 42-46, which depend from claim 41 and include significant additional limitations, are believed to be patentable over Gray in view of Littlefield et al.

In view of the foregoing, all pending claims are believed to be in a condition for allowance. Reexamination and reconsideration are respectfully requested. Issuance of a Notice of Allowance in due course is anticipated. If a telephone conference might be of assistance, please contact the undersigned attorney at (612) 677-9050.

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Respectfully submitted,



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